

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90030 015 ***150.00

DOCUMENT # H06113 1. Entity Name OSBORNE'S POOL SERVICE & SUPPLY, INC.					
Principal Place of Business 11455 S ORANGE BLOSSOM TR ORLANDO, FL 32837 US			Mailing Address 11455 S ORANGE BLOSSOM TR ORLANDO, FL 32837 US		
2. Principal Place of Business <i>11461 S. Orange Blossom Tr.</i>		3. Mailing Address <i>11461 S. Orange Blossom Tr.</i>			
Suite, Apt. #, etc. <i>Suite # 5</i>		Suite, Apt. #, etc. <i>Suite # 5</i>			
City & State <i>Orlando, FL 32837</i>		City & State <i>Orlando, FL 32837</i>			
Zip <i>32837</i>		Country <i>USA</i>			
4. FEI Number 59-2407669				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OSBORNE, RUSSELL H JR 12240 KIRBY SMITH RD. ORLANDO, FL 32812				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Russ Osborne Jr.</i> DATE <i>3/11/05</i> <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSBORNE, RUSSELL HOWARD 2939 CANOE CR SAINT CLOUD, FL 34772	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Osborne, Donald Adam 2939 Canoe Cr. St. Cloud, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSBORNE, RUSSELL H JR 12440 KIRBY SMITH RD ORLANDO, FL 32832	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARRERO, HERIBERTO 2948 OAK TREE DR KISSIMMEE, FL 34744	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EUBANKS, JEFFREY SCOTT 997 N. LAKE CLARIE CR OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Russ Osborne Jr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <i>3/11/05</i> <small>Daytime Phone #</small>		